

**PLEASE CHECK ALL THAT APPLY:**

- CALL PATIENT TO SCHEDULE APPOINTMENT
- AUTHORIZATION APPROVAL #: \_\_\_\_\_
- PLEASE CALL RADIOLOGY SCHEDULING DEPT. FOR I.R. PROCEDURES **214-407-5072 (PHONE)**  
**214-407-5075 (FAX)**

Date: \_\_\_\_\_ Weight: \_\_\_\_\_ Kg/Pounds

Patient Name: \_\_\_\_\_ Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

DOB: \_\_\_\_\_ Home #: \_\_\_\_\_ Alt #: \_\_\_\_\_

ICD-10/Diagnosis Code: \_\_\_\_\_ Symptoms: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

- MAIL CD & REPORT     
  SEND CD WITH PATIENT     
  FAX REPORT     
  STAT CALL REPORT TO:  
 PH # \_\_\_\_\_

<input type="checkbox"/> MRI	<input type="checkbox"/> CT	<input type="checkbox"/> ULTRASOUND	<input type="checkbox"/> X-RAY
<p><b>CONTRAST:</b></p> <p><input type="radio"/> Without    <input type="radio"/> With &amp; Without</p> <p><input type="radio"/> At Radiologist Discretion</p> <p><input type="radio"/> Abdomen Attn: _____</p> <p><input type="radio"/> MRCP (NPO 4HRS)</p> <p><input type="radio"/> Ankle R _____ L _____</p> <p><input type="radio"/> Brachial Plexus R _____ L _____</p> <p><input type="radio"/> Elbow R _____ L _____</p> <p><input type="radio"/> Foot R _____ L _____</p> <p><input type="radio"/> Hand R _____ L _____</p> <p><input type="radio"/> Head</p> <p style="padding-left: 20px;"><input type="checkbox"/> Brain    <input type="checkbox"/> IAC's</p> <p style="padding-left: 20px;"><input type="checkbox"/> Pituitary    <input type="checkbox"/> Orbits</p> <p><input type="radio"/> Hip R _____ L _____</p> <p><input type="radio"/> MRA/MRV</p> <p style="padding-left: 20px;"><input type="checkbox"/> Head</p> <p style="padding-left: 20px;"><input type="checkbox"/> Carotids</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other: _____</p> <p><input type="radio"/> Knee R _____ L _____</p> <p><input type="radio"/> Liver</p> <p><input type="radio"/> Long Bones</p> <p><input type="radio"/> Pelvis</p> <p><input type="radio"/> Rectum</p> <p><input type="radio"/> Shoulder R _____ L _____</p> <p><input type="radio"/> Soft Tissue Neck</p> <p><input type="radio"/> S.I. Joints</p> <p><input type="radio"/> Spine</p> <p style="padding-left: 20px;"><input type="checkbox"/> Cervical Spine</p> <p style="padding-left: 20px;"><input type="checkbox"/> Thoracic Spine</p> <p style="padding-left: 20px;"><input type="checkbox"/> Lumbar Spine</p> <p style="padding-left: 20px;"><input type="checkbox"/> Sacrum/Coccyx</p> <p><input type="radio"/> Testicles/Penis</p> <p><input type="radio"/> Wrist R _____ L _____</p> <p><input type="radio"/> Prostate (Need PSA level)</p> <p><input type="radio"/> Other: _____</p>	<p><b>CONTRAST:</b> <input type="radio"/> ORAL    <input type="radio"/> IV</p> <p><input type="radio"/> Without    <input type="radio"/> With &amp; Without</p> <p><input type="radio"/> At Radiologist Discretion</p> <p>Patient over 60, Diabetic, or with impaired Kidney Function must have BUN/CREATININE LABS within 30 days of exam.</p> <p><input type="radio"/> Abdomen</p> <p><input type="radio"/> Abdomen/Pelvis</p> <p><input type="radio"/> Chest</p> <p><input type="radio"/> Chest PE Protocol</p> <p><input type="radio"/> CTA</p> <p style="padding-left: 20px;"><input type="checkbox"/> Thoracic</p> <p style="padding-left: 20px;"><input type="checkbox"/> Abdomen</p> <p style="padding-left: 20px;"><input type="checkbox"/> Run off</p> <p><input type="radio"/> Head/Brain</p> <p style="padding-left: 20px;"><input type="checkbox"/> Facial Bones</p> <p style="padding-left: 20px;"><input type="checkbox"/> IAC s/Temporal Bones</p> <p><input type="radio"/> Kidney Stone Protocol without Pelvis</p> <p><input type="radio"/> Sinuses Limited</p> <p><input type="radio"/> Sinuses Stryker</p> <p><input type="radio"/> Soft Tissue Neck</p> <p><input type="radio"/> Spine</p> <p style="padding-left: 20px;"><input type="checkbox"/> Cervical Spine</p> <p style="padding-left: 20px;"><input type="checkbox"/> Thoracic Spine</p> <p style="padding-left: 20px;"><input type="checkbox"/> Lumbar Spine</p> <p><input type="radio"/> Upper Extremity R _____ L _____</p> <p style="padding-left: 20px;">Attn: _____</p> <p><input type="radio"/> Lower Extremity R _____ L _____</p> <p style="padding-left: 20px;">Attn: _____</p> <p><input type="radio"/> Urograms (IV contrast only)</p> <p><input type="radio"/> Other: _____</p> <p><input type="checkbox"/> <b>Specialized exams:</b></p> <p><input type="radio"/> Arthrex Shoulder R _____ L _____</p> <p><input type="radio"/> Mako Knee R _____ L _____</p> <p style="padding-left: 40px;">Hip R _____ L _____</p> <p><input type="radio"/> Other : _____</p>	<p><input type="radio"/> Abdomen Complete</p> <p><input type="radio"/> Abdomen Limited</p> <p style="padding-left: 20px;">Attn: _____</p> <p><input type="radio"/> Carotid Doppler</p> <p><input type="radio"/> OB</p> <p style="padding-left: 20px;"><input type="checkbox"/> Trimester _____</p> <p><input type="radio"/> Pelvic</p> <p style="padding-left: 20px;"><input type="checkbox"/> Without Transvaginal</p> <p style="padding-left: 20px;"><input type="checkbox"/> With Transvaginal (if needed)</p> <p><input type="radio"/> Renal</p> <p><input type="radio"/> Soft Tissue</p> <p><input type="radio"/> Testicular</p> <p><input type="radio"/> Thyroid</p> <p><input type="radio"/> Venous Doppler</p> <p style="padding-left: 20px;"><input type="checkbox"/> Upper    <input type="checkbox"/> Lower</p> <p style="padding-left: 20px;"><input type="checkbox"/> R _____ L _____ <input type="checkbox"/> Bil _____</p> <p><input type="radio"/> Other: _____</p> <p><input type="checkbox"/> <b>NUCLEAR MEDICINE</b></p> <p><input type="radio"/> Lymphoscintigraphy (Breast)</p> <p style="padding-left: 20px;">R _____ L _____</p> <p style="padding-left: 20px;">Bil _____</p>	<p><input type="radio"/> Abdomen KUB</p> <p><input type="radio"/> Abdominal Series (2 Views)</p> <p><input type="radio"/> Acute Abdomen series With PA chest</p> <p><input type="radio"/> Bone age</p> <p><input type="radio"/> Bone Length/Leg Length Study</p> <p><input type="radio"/> Chest 2 View</p> <p><input type="radio"/> Extremity Lower R _____ L _____</p> <p style="padding-left: 20px;">Area: _____</p> <p><input type="radio"/> Extremity Upper R _____ L _____</p> <p style="padding-left: 20px;">Area: _____</p> <p><input type="radio"/> Facial Bones</p> <p><input type="radio"/> Hip</p> <p><input type="radio"/> Nasal Bones</p> <p><input type="radio"/> Pelvis</p> <p><input type="radio"/> Rib Series R _____ L _____</p> <p><input type="radio"/> Scoliosis</p> <p><input type="radio"/> Sinus</p> <p style="padding-left: 20px;"><input type="checkbox"/> Limited _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Complete _____</p> <p><input type="radio"/> Skull</p> <p><input type="radio"/> Soft Tissue Neck</p> <p><input type="radio"/> Spine</p> <p><b>(2-3/4-5 views/with Flex/Ext.)</b> <input type="checkbox"/> Cervial</p> <p style="padding-left: 20px;"><input type="checkbox"/> Thoracic</p> <p><b>(2-3/4-5 views/with Flex/Ext.)</b> <input type="checkbox"/> Lumbar</p> <p style="padding-left: 20px;"><input type="checkbox"/> Sacrum/Coccyx</p> <p><input type="checkbox"/> <b>FLOUROSCOPY</b></p> <p><input type="radio"/> Arthrogram (Area): _____</p> <p><input type="radio"/> Esophagram</p> <p><input type="radio"/> Barium Enema</p> <p><input type="radio"/> Cystogram</p> <p style="padding-left: 20px;"><input type="checkbox"/> Static</p> <p style="padding-left: 20px;"><input type="checkbox"/> Voiding</p> <p><input type="radio"/> HSG (Hysterosalpingogram)</p> <p><input type="radio"/> IVP</p> <p><input type="radio"/> Joint Injection/Joint Aspiration</p> <p style="padding-left: 20px;">specify Joint : _____</p> <p><input type="radio"/> Lumbar Puncture</p> <p><input type="radio"/> Modified Barium Swallow (with speech eval)</p> <p><input type="radio"/> Myelogram (Area) : _____</p> <p><input type="radio"/> Small Bowel Series</p> <p><input type="radio"/> Upper G.I.    <input type="checkbox"/> UGI with small bowel follow through</p> <p><input type="radio"/> VCUG</p>

NOTES: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

**BAYLOR SCOTT & WHITE MEDICAL CENTER - FRISCO**  
RADIOLOGY ORDER



RADORD

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## IN GENERAL

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### ALL PATIENTS PLEASE ARRIVE 30 MINUTES PRIOR TO YOUR APPOINTMENT TIME

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## MRI

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Please bring any previous Imaging Reports/Images with you if comparisons are needed.

If you have a pacemaker, aneurysm clips, electronic implants, are breastfeeding, or are possibly pregnant please inform your physician, or call the imaging center prior to your appointment.

You may eat, drink and take your medications as usual, unless otherwise instructed.

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## CT

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If you are scheduled for a CT exam with contrast, you may drink liquids, but do not eat four hours prior to exam.

For abdomen and pelvis exams scheduled in the morning, have nothing by mouth after midnight before the exam. If you have an afternoon appointment - you may have a light breakfast (toast and coffee), pills with water no later than four hours before the exam, then nothing else by mouth until the appointment.

Urogram, Chest, Head or extremities without contrast = No Prep.

Patient will need to arrive 2 hours before appointment time to register and drink Oral contrast if indicated

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## ULTRASOUND

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If you have scheduled for a Pelvic or OB exam, drink 32 oz. of water 1 hour before your appointment.

Do not void once you have started drinking the water. Patients for Abdomen exams should stay NPO after midnight.

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## X-RAY

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### Procedure

### Patient Prep

Myelogram	Nothing to eat/drink after midnight the night prior to exam. Please take required pain medication with minimal water.
Upper GI	Nothing to eat/drink after midnight the night prior to exam.
Small bowel	Nothing to eat/drink after midnight the night prior to exam.
Barium Enema	Nothing to eat/drink after midnight and bowel prep the day before exam. Please contact your ordering physician for bowel prep instructions

### Directions to BaylorScott & White Medical Center Frisco

● **From Dallas Parkway:**

turn west on Warren Parkway

● **From Preston Road:**

turn west on Warren Parkway

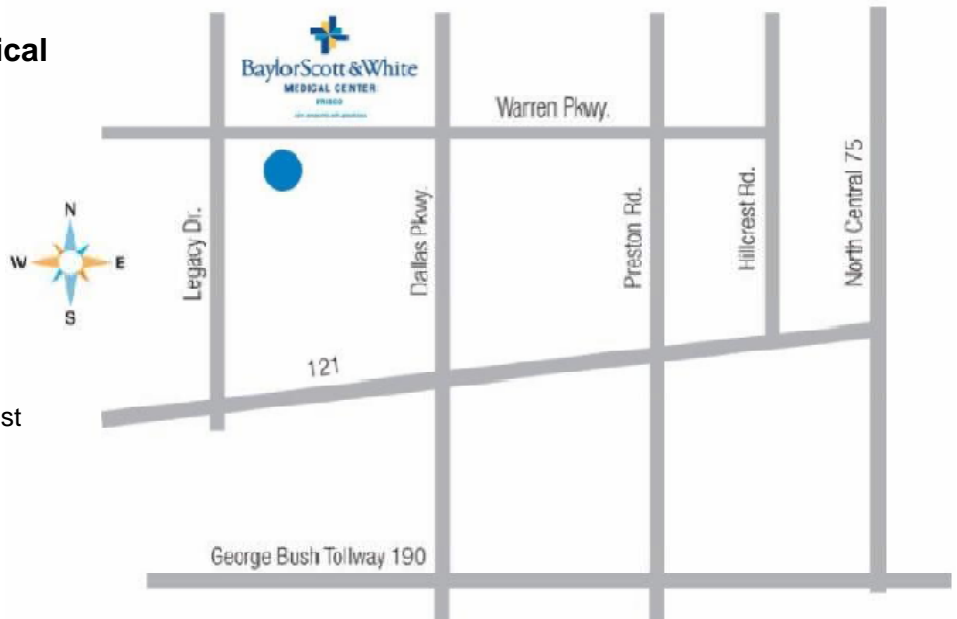
Continue west across Dallas Parkway

● **From 121:**

turn north on Legacy Drive, then turn east  
on Warren Parkway

● **From Legacy Drive:**

turn east



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**BAYLOR SCOTT & WHITE MEDICAL CENTER - FRISCO**

RADIOLOGY ORDER



RADORD

Rev.(07/26/2022)